

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589,985

FILING DATE

8-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		2			
2		1				
3	2					
4	1					
5	2					
6	2					
7	1					
8	2					
9	2					
10	1					
11	1					
12	2					
13	2					
14						
15						
16						
17						
18	1					
19	1					
20	2					
21	2					
22						
23	1					
24	1					
25	1					
26	1					
27	1					
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
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36			1			
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41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	2					
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
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100						
TOTAL IND.					2	↓
TOTAL DEP.	27	←		←	29	←
TOTAL CLAIMS	29				31	